

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10799717
APPLICANT(S) _____

FILING DATE _____

12/8/05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2	1		1				52								
3	1		1				53								
4	1		1				54								
5		4		4			55								
6		4		4			56								
7	1		1				57								
8	1		1				58								
9	1		1				59								
10	1		1				60								
11		3		3			61								
12		2		2			62								
13		4		4			63								
14		4		4			64								
15	1		1				65								
16	1		1				66								
17	1		1				67								
18	1		1				68								
19		4		4			69								
20	1		1				70								
21	1		1				71								
22	1		1				72								
23	1		1				73								
24	1		1				74								
25		5		5			75								
26		2		2			76								
27		5		5			77								
28		5		5			78								
29		5		5			79								
30			1				80								
31				1			81								
32				1			82								
33				1			83								
34				1			84								
35			1				85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	19						TOTAL IND.								
TOTAL DEP.	51						TOTAL DEP.								
TOTAL CLAIMS	70						TOTAL CLAIMS								